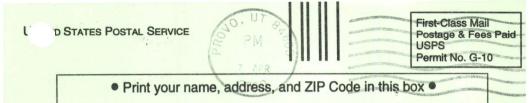
on the reverse side?	SENDER: JB DOCM M/023/016 4/3/2000  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for ar extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
RN ADDRESS completed on	3. Article Addressed to:  ROBERT STEELE STEELE — DANSIE CO 1055 N 400 E NEPHI UT 84648	4a. Article Number  P 074 976 824  4b. Service Type Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery		☐ Insured
Is your IF	6. Signature: (Aug. 3398 or Agent)  X  Lebry J  Leste	8. Addressee's Address (Only if requested and fee is paid)		Ě
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DIVISION
OF
OIL GAS & MINING
1594 W NORTH TEMPLE STE 1210
BOX 145801
SALT LAKE CITY UT 84114-5801

## P.O. #145801 074 976 824

## RECEIPT FOR CERTIFIED MAIL

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(See Reverse) Sent to ROBERT STEELE STEELE - DANSIE CO Street and No. 1055 N 400 E P.O., State and ZIP Code NEPHI UT 84648 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt showing to whom and Date Delivered Return Receipt showing to whom. Date, and Address of Delivery TOTAL Postage and Rees Postmark or Date

M/023/016

1/3/2000

Review

Form 3800, June 1985 PS